2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L06000092207

1. Entity Name CC RETAIL 7D, LLC



Principal Place of Business

1001 EAST TELECOM DRIVE BOCA RATON, FL 33431 Mailing Address

1001 EAST TELECOM DRIVE BOCA RATON, FL 33431

FILED Apr 29, 2008 8:00 am Secretary of State

04-29-2008 90027 009 ***138.75



01082008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number	Applied For	
20-5787 <u>3</u> 88	Not Applicable	
5. Certificate of Status Desired	\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of chairons of registered agent.	anging its registere	d office or registered agent, or both, in the St	ate of Florida. I am familiar with, and	accept
SIGNATURE					
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered	Agent signature required when reinstating}	DATE	
	NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS				
TITLE	MGR				
NAME	SILVER, LARRY D				
STREET ADDRESS	1001 EAST TELECOM DRIVE				
CITY-ST-ZIP	BOCA RATON, FL 33431				
*:+: *	CEO				

TITLE CEO SILVER, LARRY D NAME STREET ADDRESS 1001 EAST TELECOM DRIVE CITY-ST-ZIP BOCA RATON, FL 33431 MGR TITLE HONAKER, B. JUDSON JR. NAME STREET ADDRESS 1201 CENTRAL PARK BLVD. CITY-ST-ZIP FREDERICKSBURG, VA 23401 TITLE NAME HONAKER, B. JUDSON JR. STREET ADDRESS 1201 CENTRAL PARK BLVD. CITY-ST-ZIP FREDERICKSBURG, VA 23401 HOLSHOUSER, JESSE A NAME 1001 E TELECOM DR STREET ADDRESS CITY-ST-7IP BOCA RATON, FL 33431

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Holshouser, CFO 461/08 561981625=

Daytime Phone i